

Santa Rosa County Sheriff's Office



Santa Rosa County Sheriff's Office
Sheriff Bob Johnson



CITIZEN COMPLAINT

Please Print

Date and time of this complaint: 08/29/2017 0800 Incident #: _____

Reference Complaint #: _____ Deputy Taking Complaint: _____ ID #: _____

Complainant:	Randall	Alan	Martin
	First	Middle	Last
Address:	6002 Berryhill Rd.	Milton	FL 32570
	Street	City	State Zip Code

Home Phone: _____ Work Phone: (850) 292-2367 Cell Phone: _____

Date and time incident occurred: 08/29/17 0500

Location/Address of occurrence: Santa Rosa Medical Center - ICU - 6002 Berryhill Rd.

Employee(s) involved in allegation(s): Security, Nursing staff, and House Supervisor

Witness:	Felix Toussaint	6002 Berryhill Rd.	Milton / FL	(850) 365- 0502
	Name	Street Address	City/State	Home Phone Work Phone

(List additional witnesses in narrative.)

Nature of Allegation(s): Sleeping on duty while watching an unrestrained prisoner. When I, (Capt. Randall Martin), arrived on duty at the hospital, I was notified by my officer, (Felix Toussaint), that there was an officer in ICU watching the prisoner and she had been sleeping on duty. I then investigated the matter and contacted the on duty supervisor. during my investigation the statements were made to me that the guard had asked for a recliner chair and a blanket the nursing staff denied this request due to the officer previously sleeping. My security officer was called to the ICU to view the sleeping guard and to wake her up and speak with her about sleeping. Attached are witness statements passdown reports and house supervisor reports.

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Findings: See attached Supervisor Inquiry

Actions Taken: Staff member received a Written Reprimand

Final Clearance:

<input type="checkbox"/>	Exonerated	Proper conduct, An incident occurred as described, but the member was found not to be negligent or at fault.
<input checked="" type="checkbox"/>	Sustained	(Improper Conduct): The investigation revealed sufficient facts that the allegation(s) were found to be true.
<input type="checkbox"/>	Not Sustained	The investigation discloses insufficient evidence to clearly prove or disprove the allegation.
<input type="checkbox"/>	Unfounded	The investigation revealed sufficient facts to indicate that the incident did not occur.
<input type="checkbox"/>	Partially Sustained	The incident has two or more allegations, and at least one of the allegations is sustained.
<input type="checkbox"/>	Violation not based on original Complaint	Investigation discloses violation(s) not mentioned in the initial allegation.

Complaint Notification of Findings:

Date: _____ By: _____

Comments: _____

Please check here if the complainant refuses to have personal contact by a deputy.

I do hereby affirm that the information provided by me is true and complete to the best of my knowledge and belief. I understand That any false, misleading or untrue statements, accusations of allegations, herein made by me, either orally or in writing, to any person(s) investigating this complaint, may subject me to civil and/or criminal liability under Florida State Statute 837.06, "Whoever knowingly makes false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree punishable by a definite term of imprisonment not exceeding 60 days and a fine of \$500.00."

"Any person who is a participant in an internal investigation, including the complainant, the subject of the investigation, the investigator conducting the investigation and any witnesses in the investigation, who willfully disclose any information obtained pursuant to the agency's investigation, including, but not limited to the identity of the deputy under investigation, the nature of the questions asked, information revealed or documents furnished in connection with a confidential internal investigation or any agency before such complaint, document, action or proceeding becomes public record as provided in the section, commits a misdemeanor of the first degree, punishable as provided in F.S.S. 775.082 or F.S.S. 775.083." Florida State Statute 112.533 (Penalty: up to 1 year in jail and/or up to \$1000.00 fine)

I hereby acknowledge that I have read the preceding and understand its provisions.

Signed: _____

Sworn to and subscribed before me this _____ day of _____, 20_____

Witness: _____
(Per F.S.S. 117.10)